

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NJ	71534	05-28-99
O.I.P.E. CLASSIFIER	25		05-27-99
FORMALITY REVIEW	AM	102718	6-7-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Original	
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If more than 150 claims or 10 actions
staple additional sheet here

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CLAIMS ONLY						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49							99			
50							100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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CLAIMS ONLY						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
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TOTAL IND.	3		↓			↓		
TOTAL DEP.	171		↔		↔		↔	
TOTAL CLAIMS	174							

CLAIMS						*	*	*
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TOTAL DEP.			↔		↔		↔	
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS